

OBAMA'S PLAGUES: A QUALITATIVE CONTENT ANALYSIS OF WHITE  
HOUSE MESSAGING IN RESPONSE TO EBOLA AND ZIKA

By  
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## Abstract

Over the last two years, Ebola and Zika have made international headlines and been the focus of a storm of legislation, media attention and public concern in the United States. As each disease threatened the United States mainland, President Barack Obama and his Administration were forced to contend with the challenges of logistics, funding, public safety and the prevention of panic. This thesis explores messaging from the Obama White House during the Ebola and Zika crises in an effort to analyze how each disease was handled individually and how their handlings compare. Two major questions of this thesis are whether the Obama White House learned lessons from the Ebola experience that were applied to the Zika response and whether public and media criticisms of White House response lead to any alterations in actions or messaging. This analysis reveals that while it is unclear whether there was marked improvement in messaging between Ebola and Zika, there were distinct differences in how the administration responded to Zika. An important finding of this thesis is an overall lack of academic examination of the United States government's handling of these two public health crises from a communication studies perspective. This gap in literature and research makes this analysis relevant especially to communication practitioners and academics, and also to leaders across the interconnected fields of politics, policy and public health. This thesis suggests that the bridge necessary as multiple disciplines prepare for future epidemics is communication.

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## Introduction

Human history is wrought with and in many ways shaped by the interaction of disease and society. In his book *Guns, Germs and Steel: The Fates of Human Societies*, Diamond (2005) states that:

The history of interactions among disparate peoples is what shaped the modern world through conquest, epidemics, and genocide. Those collisions created reverberations that have still not died down after many centuries, and that are actively continuing in some of the world's most troubled areas today (p. 16).

Though disease has existed throughout human history, the domestication of livestock brought with it plagues that had previously not threatened human beings (Diamond, 2005, pp. 195-197). Over the centuries, the world has seen many devastating epidemics and pandemics: smallpox, bubonic plague, yellow fever, malaria, typhoid, cholera, dengue, many strains of influenza, AIDS, severe acute respiratory syndrome (SARS) and tuberculosis (CNN, 2014). Though many hope for a day when we will collectively outsmart or outpace disease, the fact remains that we continually face infectious disease threats, both new and familiar.

Since the spring of 2014, Ebola Virus Disease has claimed the lives of over 11,000 people—primarily in West Africa—and the number of probable cases worldwide is over 28,000 (Centers for Disease Control and Prevention, 2016). These numbers do not include a handful of cases where individuals traveled to or returned to the United States and were treated in U.S. hospitals, or two cases of hospital transmission in Texas. While the risk of Ebola is troubling, it is not the only disease that has recently threatened

populations across the globe. In 2016, the Centers for Disease Control and Prevention reported at least 22,000 cases of Zika in U.S. Territories, and more than 4,500 cases within the continental United States and Hawaii.

Ebola and Zika have much in common. Both diseases have existed for decades, but only recently has each disease's infection rate reached epidemic proportions, affecting tens of thousands on a global stage. Recent spikes in infection have caused both diseases to become noteworthy due to their potential to cause catastrophic loss of life and significantly impact on quality of life. In addition to these risks to individuals, both diseases pose significant threats to humanity. As part of a global effort to combat these diseases, the American government has utilized public and inter-agency reporting and action communication. Those communications placed President Barack Obama in a difficult position where he needed to simultaneously quell public anxieties and convince federal agencies to respond. To fully understand the risk of infection for each disease and the government's reactions to these risks, it is first important to understand the basic details pertaining to Ebola and Zika.

Though Zika rarely results in death or severe illness in those infected (it most typically causes mild fever and flu-like symptoms, diarrhea and rash), among its most troubling effects is the risk of severe birth defects and other problems during pregnancy for women who contract the disease (Centers for Disease Control and Prevention, 2014c). Several global health agencies—including the Centers for Disease Control and Prevention (CDC)—confirmed in 2016 that Zika causes microcephaly and severe microcephaly in infants born to mothers who were infected during or even before pregnancy. The CDC (2014a, para. 1) defines microcephaly as, “a condition where a



baby's head is much smaller than expected" that can "occur with no other major birth defects, or it can occur in combination with other major birth defects." Severe microcephaly is a more extreme version of microcephaly, and results in babies with heads much smaller than expected and a failure of the brain to develop correctly at all (Centers for Disease Control and Prevention, 2014a). These defects present lifelong challenges and health issues, and often result in a greatly shortened lifespan (Centers for Disease Control and Prevention, 2014a). By December 14, 2016, U.S. researchers estimated that roughly six percent of pregnant United States women infected with Zika "had fetuses or babies with birth defects" (Hirschler, 2016).

Ebola is the stuff of nightmares—the disease has become a convenient plot point in entertainment meant to show the public the apocalyptic horror possible if an exotic hemorrhagic fever shows up at home. In their review of the depiction of infectious diseases in cinema, Pappas, Seitaridis, Akritidis and Tsianos (2003) highlight the "possible effect that they have on the public's perception of infection—a perception that, when misguided, could prove to be problematic in times of epidemics" (p. 939). Though the actuality of Ebola's effects on the human body are truly horrific, there is enough misunderstanding about them to cause confusion among the general public. According to the CDC (2014b, para. 1), the term "viral hemorrhagic fever" actually describes:

A severe multisystem syndrome (multisystem in that multiple organ systems in the body are affected). Characteristically, the overall vascular system is damaged, and the body's ability to regulate itself is impaired. These symptoms are often accompanied by hemorrhage (bleeding); however, the bleeding is itself rarely life-threatening. While some types of

hemorrhagic fever viruses can cause relatively mild illnesses, many of these viruses can cause severe, life-threatening disease.

As Pappas et al. (2003) found, presentation of hemorrhagic fevers—often clearly dramatized for entertainment purposes—have had dramatic effects on public understanding of and response to potential outbreaks. For example, though Alan Lenhoff (2014) determined that public health officials communicated efficiently during the height of the 2014 Ebola epidemic, he observed a significant overreaction from media, policymakers and the public. Moreover, the study showed that a majority of Americans felt only somewhat confident in the U.S. government’s ability to respond to an outbreak in its own backyard (Lenhoff, 2014).

Public uncertainty pertaining to disease spread can result in dangerous and unproductive responses, exacerbating the risks associated with Ebola and Zika. As part of the effort to quell these damaging responses, it is the job of the President of the United States to ensure a response that communicates risk assessment and a rational but sufficient action plan in response to these threats. Despite the importance of this type of response, there has been little focus on communication between government leadership—including the President and heads of state—and the public. Instead, attention from other fields of study has centered on broad interaction between political entities—such as the effect of partisan politics on the decision-making process of Congress to allocate funds for Ebola or Zika. For example, in their work in the areas of law and health, both Dolgin (2016) and Ottersen et al. (2016) found significant political obstacles to the overall responses to Ebola and Zika, but did not examine messaging directly. As part of the

President's effort to protect American citizens, these communication strategies must be continually adapted and updated as events unfold.

The importance of this adaptability is captured by Dr. Stephen Redd, director of the Centers for Disease Control and Prevention's Office of Health Preparedness and Response, who stated in a reflection on the Ebola and Zika threats: "The lesson of the last 10 years is that there's always something else" (Graitcer, 2016, para. 1). The ever-evolving nature of the threat posed by disease means that the President's job requires not only vigilance and awareness of events that may previously have existed in a geographical vacuum, but also an ability to react both swiftly and calmly in an effort to encourage the public to do the same. In order to provide both the best lens through which to examine communication to date and a firm foundation for recommendations moving forward, it is vital to review existing literature in the space where politics and disease intersect.

### **Literature Review**

The risk to public health resulting from Ebola and Zika cannot be overstated. A great number of researchers have evidenced the need for continued study of diseases and how they are relayed to the public. Prior to offering an in-depth analysis of United States head-of-state communication in response to the Ebola and Zika crises, the thesis must first examine existing research in the areas of bio-geopolitics, media framing, the importance of language and strategies in leadership health communication. The literature review begins by examining the intersections of biology (in this case, infectious disease), geography and politics.

## **Bio-geopolitics**

A growing challenge for governments responding to health threats is that geography no longer prevents or delays the spread of disease. The speed of disease spread and transmission has been expedited through ever-increasing speed and frequency of air travel and global trade, resulting in potential for diseases to spread faster than systems are prepared to handle them. Budd, Bell and Brown's (2009) review of the development of sanitations procedures and regulation in the air travel and shipping industry highlights the importance of recognizing an "increasingly fluid, mobile and inter-connected society" and the impact of that interconnectedness on how health threats must be handled (p. 426). The authors cite the examples of SARS (Severe Acute Respiratory Syndrome) in 2003 and H1N1 (an Influenza A virus subtype commonly known as Swine Flu) in 2009 as evidence that the global airline network correlates with a massive increase in risk when it comes to the spread of infectious disease (2009, p. 427). The authors' findings make it clear that while continued advances in technology offer new ways to combat disease, they also create new ways and increased speeds through which infectious disease threatens the world.

In response to the threat of diseases rapidly spreading across the globe, a new discipline emerged: bio-geopolitics. Van Efferink (2015) puts forth a working definition of "geopolitics" as the concept of how "power (influence, politics) and space (territory, soil)" interact. Applying the idea of geopolitics to infectious disease offers significant implications: heads of state must negotiate the politics of how they choose to handle health threats, including maintaining media relationships and open lines of communication with the communities they serve. As several authors reveal, this

negotiation is fraught with hurdles for political leaders and communication practitioners alike. Greer and Mätzke (2012) analyze issues and complexities in communicable disease control and stated that the topic of disease spread and the communication necessary for prevention and treatment is “one of the oldest and most important functions of the modern state” yet the topic “receives very little attention today” (p. 887). The authors’ research on European societies draw conclusions that are applicable for health and political communication practitioners worldwide through the identification of a common problem which has not resolved over time: failings in the “coordination between professions, governments and organizations” (Greer and Mätzke, 2012, p. 889). Successful coordination between these actors demands consistent, clear communication from political leaders—the very thing that appears very difficult to deliver no matter the location of the health threat at hand, or the decade.

Bashford’s *Medicine at the Border* (2006) addresses how the world responds to threats from disease in a global era when geographical boundaries no longer necessarily offer protections or challenges. The author (2006) explains an aim to develop “what might be called a world history of the geopolitics of disease prevention” (p. 1). Written before Ebola threatened the United States in 2014 and long before Zika appeared as threat to the U.S. mainland or even the Americas, *Medicine at the Border* begins by laying out the editor’s and author’s take on “the age of universal contagion” (Bashford, 2006, pp. 1-17). Bashford (2006) states that “the history of world health cannot be understood as anything but merged formations of colonial, national and ‘world’ politics, played out on specific local ground” (p. 4). This clearly defined relationship between politics and health is precisely the base upon which the research questions explored later aim to suggest that

leaders must understand and engage with the realities of global health in a way that communicates information and need for action to private citizens. Increasingly, this complex interplay of politics and health also plays out in the media. The following section explores this interplay and lays out details of media framing that are critical to this thesis project.

### **Framing and the Media**

Technological innovations resulting in increased human travel have also meant easier spread of infectious disease across the globe. Simultaneously, innovations in communications technologies such as the internet and mass media have dramatically shortened the time necessary for news of infection to disseminate. It no longer takes days or weeks for news to travel across the globe. As a result, the public often knows about health events before political leaders and health officials have had an opportunity to respond or evaluate the crisis. Because media outlets often preempt official government statements, the way news organizations and other new media frame disease threat is of utmost importance.

In their narrative analysis of how Australian media portrayed avian influenza and how the government there responded to the news of its spread, Abeysinghe and White (2011) found that “both government and media discourses could be understood in terms of risk, contagion and blame” (p. 311). The authors also identify infectious disease outbreaks as “necessarily social events,” and suggest that a “prominent aspect of both the media and government narratives is the concept of preventing contagion” (2011, p. 311). The idea of responding to infectious disease threats as a social function is an interesting one, as political leaders must often navigate the social intricacies of those they serve.

In an analysis of print media related to Ebola and border control in 2014 and 2015, Abeysinghe (2016) found that the “perception of contagion has led to policy and social actions around border control... (and) remains a persistent frame through which infectious disease is understood and managed” (p. 452). In a strong statement as to the power of media framing, the author also points out that the media discourse in the case of Ebola in 2014 “served to reconstruct Ebola as a problem for the West, ignoring and silencing the core context in West Africa, or representing ‘Africa’ in general terms (2016, p. 454). These findings mean that leaders in the West must attempt to address this reconstruction in their communication with publics while still ensuring that the citizens they serve feel that they are putting local interests first.

While it is important for leaders to assure their constituents that they are responding to a threat with their unique interests as a priority, it is not always easy to balance the appropriate amount of response nor the coverage of that response. Nerlich and Kotevko explored swine flu in 2009 in UK newspaper articles and blogs (2011, p. 710). The authors found differences in how previous emerging disease outbreaks had been reported and that “news reports about this new type of flue were often mixed with meta-reporting focused on speculations about the dangers of ‘under’ or ‘over’ reporting as well as on the possibility that the outbreak may have been hyped up and by whom” (2011, p. 711). These findings are of particular interest when considering heads of state’s communication because they suggest that the way a health threat is framed by the media includes framing that is specific to how publics may respond to government communication. As public response is considered, it is clear that word choice and

language are of great importance. The next section of this literature review explores the influence of language in infectious disease communication and media.

### **The Importance of Language**

Media framing affects public understanding and response as well as the way that political leaders may respond. Negative or urgent framing by the media may mean both a public panic and an immediate response from government whether leaders are prepared to respond at the time or not. At the core of this framing is the impact of wording and message construction. The choice between words such as “outbreak,” “epidemic,” and “emergency” may mean the difference in public panic or calm processing and response.

In an examination of the impact of the word “outbreak,” O’Neil and Naumova (2007) suggest that the “notion of ‘outbreak’ evolves as our knowledge about diseases, exposure and manifestation deepens,” (p. 443). The authors go on to review both the socio-political and the scientific interpretations and functions of the word “outbreak” (2007, p. 445). O’Neil and Naumova (2007, p. 445-446) make the important point that:

“Outbreak” can be used in a primarily political way, with the worst case scenario being the intent to manipulate public opinion: Unwarranted alarm can be instilled, resulting in some scientifically unsupportable political outcome; that is, a policy relating to an intervention that does not reflect the disease pattern or the need for protecting the public health.”

The prospect of political outcome—and in particular those outcomes which may not be well-supported by the scientific or health communities—clarifies the importance of language in health crisis communication. The choice to use one word or another (outbreak versus epidemic, for example) or to assign a title of urgent or not carries



implications beyond politics. The way the public interprets a government's perception of threat stands to impact the way individual citizens respond. For heads of state, the implications of political outcomes increase exponentially, making language choice in response to threats from infectious disease are complex.

The seriousness conveyed in language used to describe a public health threat is not the only concern for communication practitioners. In a content analysis of television news about pH1N1, Fogarty et al. (2011) found that “the virus was rarely referred to by the name pH1N1 during the coverage and instead, was routinely termed swine ‘flu’ (p. 3). This common-sounding name for the virus made information about its spread and the risk to the public easily understood. This increased access to knowledge regarding the disease has been argued as one reason for the eventual, successful containment of swine flu (Fogarty et al., 2011, p. 3). The authors examined messages which addressed the seriousness of the disease, advice and recommended actions, and reassurance that the government was responding adequately (2011, pp. 3-5).

The idea that words must be chosen carefully is not new for political leaders and heads of state, nor for health communication practitioners. What the literature reviewed in this section has shown, however, is that choosing between “outbreak,” “epidemic,” “event,” or some other option may mean the difference between panic and processing on the part of the public. As the next section reveals, leaders must master the many layers of health, risk, and political communication and prove their ability to prioritize critical information for public audiences in order to effectively respond amid health crises.

## **Strategies in Leadership and Crisis Communication**

Despite sizable data regarding the transmission of diseases in our contemporary, globalized world there is a surprising lack of academic research into how heads of state and other political leaders respond from a communication perspective to health threats. There has not, however, been a shortage of media representatives to step forward and ask questions of political leaders and systems as epidemic events have unfolded. In the wake of Ebola surfacing in Texas in 2014, for example, there was extensive media coverage on how Governor Rick Perry responded. At the time of this research, however, there appears to be no significant literature existing in the academic community that addresses the questions posed by his actions or the resulting media attention. This dearth of information has implications beyond academia. Community leaders, government officials and health leaders are unable to learn from case studies which lack detail. While it may be obvious that there were missteps in Governor Perry's handling of the Ebola crisis, a lack of analysis of actions and consequences means that it is difficult to learn from these failings in order to provide better responses during future crises.

Not only must political communication practitioners and political leaders respond to health threats and face scrutiny from the public and the media on the adequacy of their action or inaction, they must also contend with implications that may have an impact on the larger political climate—particularly in the United States. In an article for *The Week* that focused on the state and federal government's response to the Ebola outbreak's surfacing in Texas, Weber (2014, para. 9) asks, "Where, then, is the blame for Perry?"—going on to note that while at the time of the article, Perry was "now facing some criticism," it was "barely a murmur compared with the roar of election-season blame

being heaved on Obama and Frieden.” Weber goes on to compare political leaders’ communication in response to other disasters and major threats, including Hurricane Katrina (2014). Recently, Hurricane Katrina demonstrated nature’s potential for catastrophic impact on society. Earlier in this literature review, the idea of outbreaks as social events was examined. This social concept may prove similar to that seen in disaster response in that often, the public may be reluctant to engage with messages of prevention but hyper aware and reactive to messages about imminent threat already occurring.

Given the often frantic response of the public to infectious disease spread, it is imperative that leaders work during times of quiet to develop trusting relationships with their constituents. Abraham (2009) analyzed approaches from scholars to risk and outbreak communication, showing that these responses are “rarely a pure, clean process of winning public trust and transmitting information objectively and openly” but “more often than not a messy business requiring political decisions with winners and losers (p. 604). In an examination of political insights gained following the Ebola experience in 2014, Greer and Singer (2017) identify significant implications of the interplay of epidemic response and the politics (p. 81). The authors point out that “much of the response to public health events such as Ebola is a mixture of suasion and executive action,” defining suasion as “a way to overcome fragmented governance arrangements by using non-hierarchical means” (2016, p. 6). A highlight of this research is a glimpse into the responses at both the state and federal levels. In this case study, the authors focus primarily on logistics action as opposed to communication leaving a gap in answering the question of how individual leaders’ communication about the logistics of state and federal response may have been informed or interpreted. While this study will not address

the question of interpretation, the idea of trust in political leadership communication is one that surfaces frequently in the public health field.

However important it may be, a public's trust of its leaders is not enough to quell public panic. Leaders must work with advisors and experts in clinical and public health fields to determine what they will ask of the public and how much information needs to be disseminated. Bergstresser (2015) suggests that there is a "basic lack of trust in information that is disseminated through official sources," and that this "has troubling implications for the future of public health in the United States and beyond" (p. 57). On the topic of Ebola, Bergstresser suggests that for many, "reacting to Ebola with fear can be considered thoroughly rational" (2015, p. 58). Interestingly, the author places some blame on access to care and the idea in the United States in particular of "individual responsibility" (2015, p. 58). Based on this assessment, a significant challenge for political leaders lies in first deciding which actions or behaviors will best protect the public and then determining how to effectively ask for these changes

The section of this literature review devoted to bio-geopolitics showed evidence that disease is just as important a matter for heads of state as economy or security. Gregory's (2005) analysis of the communication dimensions of foot and mouth disease in the United Kingdom in 2001 suggests that public communication is divided into two categories: active interest and passive interest (p. 321). Though this case occurred in the UK, Gregory's analysis provides valuable insights for political leaders as to the impact of health events on society. Gregory calls the outbreak "the most severe civil crisis that had been seen in the UK since the Second World War" (2005, p. 312). The very suggestion that the crisis was on par with one of the greatest conflicts in human history makes the

fear of infectious diseases felt by publics and leadership alike quite real. A takeaway from this particular aspect of the literature is that it behooves political leaders to take threat posed by infectious disease just as seriously as that posed by conflict.

## **Conclusion**

This review of literature has examined existing research and perspectives on the interplay of infectious disease and politics, of the media and public reaction during health crises, and of the weight of word choice in health communication. In its final section, there was a look at work examining past examples of political leadership and strategic communication where health matters are concerned, though it has been pointed out that academic investigation into head of state health communication is lacking. It is unclear whether the Ebola epidemic has quieted for the foreseeable future, or when it may resurface—perhaps this time finding its way onto a transcontinental flight and into U.S. hospitals much sooner. In a similar vein, Zika continues to spread and present healthcare providers and policymakers with complex challenges when it comes to addressing its morbidity and stopping its advance. As the United States transitions to its next President, an understanding of the strategies deployed and lessons learned from President Barack Obama on these fronts becomes paramount. This thesis project seeks findings that will be useful for communication practitioners advising or working with heads of state and government agencies, health systems, public health agencies and media covering threats posed by disease domestically and internationally.

## **Methodology**

A common understanding of quantitative versus qualitative research may be numbers and hard data versus interpretive soft data about things other than just numbers.

This distinction is over-simplified, of course. While quantitative analysis utilizes constructs for trustworthiness such as validity and reliability, qualitative analysis must be scrutinized according to a separate framework that reviews credibility, transferability, dependability and confirmability (Anney, 2014, p. 272).

This thesis is an online qualitative content analysis of communication messages from the White House of President Barack Obama regarding the Ebola and Zika virus epidemics between 2014 and 2016. Qualitative content analysis was an ideal method for this research because it allows the researcher and reader to explore themes occurring in the communication messages. This methodology also uncovers questions relevant to future research as to the interpretation and success or failure of those messages.

### **Research Design**

The research questions stated in the section below will be analyzed through a online qualitative content analysis of communication from President Barack Obama and his White House staff in response to both the Ebola and Zika epidemics. Elo and Kyngäs (2008) identify a key purpose of qualitative content analysis according to Krippendorff as “providing knowledge, new insights, a representation of facts and a practical guide to action” (p. 108). In their analysis of qualitative content analysis in health research, Hsieh and Shannon (2005) show that the methodology “offers researchers a flexible, pragmatic method for developing and extending knowledge of the human experience” (p. 1286). Through these priority purposes of providing insights and guiding action through a flexible lens, the qualitative content analysis process is an ideal method for examining messages and drawing conclusions about lessons learned and strategies applied by the White House in the cases of the Ebola and Zika threats.

Hsieh and Shannon (2005) describe the summative approach to qualitative content analysis as starting “with identifying and quantifying certain words or content in text with the purpose of understanding the contextual use of the words of content,” and go on to state that “this quantification is an attempt not to infer meaning but, rather, to explore usage” (p. 1283). This thesis explores usage of messaging platforms and identifies themes that occur in content across those distinct forms that contribute to an understanding of how two crises unfolded and were handled by the Obama White House through a summative approach to qualitative content analysis. Appendices A through D show content forms and possible message interpretations as they relate to the themes identified during this research.

### **Research Questions**

RQ1: How has President Barack Obama framed the Ebola virus threat domestically and internationally?

RQ2: How has President Barack Obama framed the Zika virus threat domestically and internationally?

RQ3: How has messaging from President Barack Obama regarding Zika compared to that on Ebola?

RQ3(a): How did the amount and types of messaging from President Barack Obama and the White House regarding Zika compare to those on Ebola?

RQ3(b): How has messaging from President Barack Obama been distributed between informative and actionable regarding Zika and Ebola?

RQ4: Did President Barack Obama alter his message regarding Zika in response to criticism received on his Ebola communication?

## **Units of Analysis**

The research questions in this thesis focus on the content, timing, and quantity of messages from the White House of President Barack Obama in response to both Ebola and Zika. Messaging selected included website content, video messages, and press releases. Because some of the research questions compare aspects of the responses to Ebola and Zika, an effort was made to select artifacts that were similarly titled or themed. Due to the differences in how the Administration responded to the two diseases, there were some unavoidable discrepancies in type and quantity of artifacts available for each disease.

All direct White House communication samples were obtained via a search on first the White House website, and later, the archived website of the Obama White House (the archived website was used where pages or artifacts were no longer hosted live on whitehouse.gov). Media artifacts including op-eds, general reporting, interviews, etc. were obtained via a combination of Google searches including the words “Obama,” “White House,” “Ebola” and “Zika” and through Johns Hopkins’ library search engine resources Academic Search Complete and Communication & Mass Media Complete.

## **Analysis of Artifacts**

In order to include analysis of White House messages and media responses and criticisms of the Obama Administration during the Ebola and Zika crises, I reviewed these two different types of artifacts in distinct ways. To analyze White House artifacts, I began by reading through the titles on all returned search results from the White House and archived White House pages. Results were categorized into four subsets: video, image, press release and speech. Once categorized, I reviewed the video, press release



and speech category artifacts in full three times. Each time, I noted whether the particular artifact provided context to the crisis at hand (in this case: Ebola, Zika or both), contributed to constructing a timeline of events, or provided messaging examples that directly corresponded to one or more of my research questions. I used this review process as well as quotes and examples from the artifacts to construct a written response to each research question in the Results section. To analyze media artifacts—namely media coverage of the Obama Administration’s handling of Ebola and Zika—I began with a long list of search results titles. I focused mainly on articles that compared the two diseases, as this was where I looked for criticisms of the Obama Administration and commentary on how Zika was handled in a post-Ebola climate.

### **Coding Categories**

From the websites reviewed, I specifically examined messaging from four sources: homepages, videos, press releases and speech transcripts.

- Homepages included the dedicated pages focused on Ebola and Zika housed on [whitehouse.gov](http://whitehouse.gov). These pages included frequently asked questions, links to outside resources, instructions and some images and infographics.
- Videos were housed either directly on the [whitehouse.gov](http://whitehouse.gov) (or archived) site(s) or on YouTube. I analyzed audio of voiceovers, including audio from individual speakers such as the President of the United States and the Director of the Centers for Disease Control and Prevention.
- Press releases were housed on the [whitehouse.gov](http://whitehouse.gov) site. Messaging from press releases was analyzed based on language and tone in reference to Ebola and/or Zika.

- Speech transcripts were housed on the whitehouse.gov site. Text from speech transcripts included that from speeches dedicated to only Ebola, Zika or both, as well as that from larger speeches covering a variety of topics that addressed one or both of the viruses within the body of the speech.

Across these four categories, artifacts were coded for recurring themes in how Ebola, Zika or both were addressed. This system is shown in tables organized by research question and themes identified in the Appendices of this document.

### **Verification of Process**

In an analysis of why masters students opted to use quantitative trustworthiness criteria on findings from qualitative research, Anney (2014) found that many students incorrectly applied quantitative criteria to qualitative findings (p. 272). Anney's (2014) recommendations focus on stronger teaching of qualitative trustworthiness criteria and applications (p. 272). Shenton (2004) points out that though "many critics are reluctant to accept the trustworthiness of qualitative research, frameworks for ensuring rigour in this form of work have been in existence for many years" (p. 63). Shenton goes on to explain Guba's constructs as a framework for verification in qualitative research.

### **Credibility**

Anney (2014) uses a definition of credibility in qualitative research as "the confidence that can be placed in the truth of the research findings" (p. 276). Shenton (2004) provides several provisions that contribute to credibility in qualitative research (pp. 64-69). Of Shenton's suggested possible provisions, this research employed frequent debriefing sessions with an advisor, reflective commentary, thick description of the

phenomenon under scrutiny and a thorough examination of previous research findings to address credibility.

### **Transferability**

According to Anney (2014), transferability in qualitative research “refers to the degree to which the results of qualitative research can be transferred to other contexts with other respondents—it is the interpretive equivalent of generalizability” (p. 277).

Anney (2014) suggests thick description and theoretical/purposive sampling to address transferability (p. 278). The research conducted during this thesis project employs both of these tactics to ensure transferability. In particular, purposive sampling is utilized in the selection of artifacts across multiple content forms for analysis, based on quantity, quality and timing.

### **Dependability**

It is imperative that valuable research is repeatable, and this need is addressed through thorough attention to dependability. Shenton (2004) explains that in of dependability in qualitative research is to show that “the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily gain the same results” (p. 71). In order to meet dependability standards, this thesis covers in detail research design and implementation, data gathering and artifact selection and also a reflection of limitations and challenges.

### **Confirmability**

Shenton (2004) defines confirmability as “the qualitative investigator’s comparable concern to objectivity” (p. 72). Anney (2014) goes on to explain confirmability as “establishing that data and interpretations of the findings are not

figments of the inquirer's imagination, but are clearly derived from the data" (p. 279).

This thesis project provides an audit trail through extensive description of the method and analysis and an abbreviated visual of reflexive journaling through the tables in the Appendices, thereby ensuring confirmability.

## **Into the Results**

The process of compiling artifacts in the form of homepages, videos, press releases and speech transcripts and analyzing those artifacts through the identification of themes and the exploration of four major research questions yielded many clear takeaways and many important questions. The following Results section organizes findings by theme, speaking to quality of message content, and cites details from the artifacts themselves to support interpretive findings as well as clear representations of differences in content forms and quantity of messages found in response to the Ebola and Zika crises.

## **Results**

### **RQ1: How has President Barack Obama framed the Ebola virus threat domestically and internationally?**

This research question examines messaging from the Obama White House on the Ebola virus epidemic. An examination of artifacts spanning the time from the Ebola epidemic escalation in West Africa to its presence in the United States revealed two distinct themes. First, the Obama White House focused on a portrayal of President Obama and his Administration as a calm in the storm both through its overall messaging content (including web content, press releases and videos) and in messages delivered by President Obama directly. Secondly, the Administration was deliberate in crafting and

disseminating messaging that positioned and then reinforced the United States as a global leader in public health.

On September 16, 2014, President Barack Obama called the work of the Centers for Disease Control and Prevention and other agencies, “an example of what happens when America leads in confronting some major global challenges” (The Obama White House, 2014b, para. 3). This statement reflects the sentiment put forth by the White House and the President that the United States is capable of leading successful efforts to combat global health threats. This statement also officially labeled Ebola a “major global challenge” in the eyes of the President—putting to rest any remaining public uncertainty over whether or not the growing outbreak far from U.S. shores was indeed a serious health event warranting American attention.

While the White House’s focus on Ebola was initially to provide general information to the public, its communication rapidly shifted toward panic reduction and prevention. Not long after the White House’s classifying of Ebola as a “major global challenge,” on the night of September 25, 2014, Thomas Eric Duncan sought medical care for flu-like symptoms at a Dallas hospital (Voorhees, 2014). By October 8, Thomas Eric Duncan had died (Voorhees, 2014)—the first confirmed Ebola case and resulting death on U.S. soil. The Duncan case marked a turning point in the demands of the American public on the White House. Ebola was not just a threat to U.S. citizens at home and living abroad, it was now a threat knocking on Americans’ doors.

Prior to Duncan’s visit to a Dallas hospital, on September 16, 2014, President Barack Obama stated that, “First and foremost, I want the American people to know that our experts, here at the CDC and across our government, agree that the chances of an

Ebola outbreak here in the United States are extremely low” (The Obama White House, 2014, para. 4). A confirmed case of Ebola on United States soil following this statement, however, seriously undermined President Obama’s efforts to reassure the public. Thomas Eric Duncan proved not only that Ebola did pose a threat to Americans at home, but also that despite the messaging deployed by the White House and Centers for Disease Control and Prevention—it appeared that American hospitals and healthcare teams may not be fully prepared to handle the disease. During the course of Duncan’s care at Texas Health Presbyterian Hospital, two nurses were infected with Ebola: Nina Pham and Amber Vinson (CBS/AP, 2014). These infections problematized the reassurance logic in White House messaging: infection control measures shared with healthcare systems by the CDC and other organizations either were not enough or were not adequately deployed and there was the potential for Ebola to spread more easily to members of the community due to the nurses’ interactions with coworkers, friends and family before their diagnoses.

Even after the death of Thomas Eric Duncan and the infection (and recovery) of Nina Pham and Amber Vinson—two nurses who cared for him—President Obama chose to reinforce America’s role as a leader in the global response to Ebola and assure the public that health leaders still saw the risk of an outbreak in the United States as very slim. On October 28, 2014, President Obama addressed the nation from the South Lawn of the White House, explaining his approach to the Ebola threat: “And it's typical of what America does best -- when others are in trouble, when disease or disaster strikes, Americans help. And no other nation is doing as much to make sure that we contain and ultimately eliminate this outbreak than America” (The Obama White House, 2014a, para. 3). This statement aimed to solidify the idea of the United States as a hero on the global

health stage—and in fact on an overall global stage. The words “Americans help” seemed aimed at not only making the American people feel better about the state of things, but also about the idea of Americans traveling to those areas hardest hit by Ebola and working to combat the disease there—the health equivalent of the American public’s blessing for boots on the ground in any conflict.

Throughout the timeline of Ebola emerging and evolving as a crisis for the U.S. homeland, two themes emerged in White House communication on the disease. First, the Obama White House framed the Ebola epidemic as increasingly urgent while reinforcing the importance of a calm and resolute public. Second, President Barack Obama’s messaging focused on the United States’ role both within its borders and internationally as a leader in fighting the disease as well as in public health advances overall. The following sections explore each of these themes, isolating the trajectory of each message and its role in the White House’s communication strategy during the Ebola crisis.

**A portrayal of calm in the storm.** When communicating with the public through press releases, social media messages, video, and briefings, the White House refrained from focusing heavily on details about Ebola (how the virus spread, symptoms, etc.) and instead highlighted successes in the collective efforts of the Obama Administration and other agencies to combat the disease. From one of his very first addresses on the outbreak—on September 16, 2014—President Barack Obama shared a wealth of information with the American public about the events in West Africa, an American physician who was recovering from the disease and what Washington was doing to address it and keep Americans safe:

Now, this is a daunting task. But here's what gives us hope. The world knows how to fight this disease. It's not a mystery. We know the science. We know how to prevent it from spreading. We know how to care for those who contract it. We know that if we take the proper steps, we can save lives. But we have to act fast. We can't dawdle on this one. We have to move with force and make sure that we are catching this as best we can, given that it has already broken out in ways that we had not seen before (The Obama White House, 2014b, para. 11).

These words acknowledge grave danger posed by Ebola—its morbidity, its unprecedented spread in the outbreak which began in 2014 in West Africa and the threat it created in places without modern health systems in place. The President's words also show his calm resolve in overseeing the United States' response to Ebola. The arrival of physician Kent Brantly (an American who had been working to treat Ebola patients in West Africa) and Nancy Writebol (an American missionary who became infected while working with her organization in Liberia) in Atlanta to be treated on U.S. soil "prompted a jittery response on social media, highlighting the special terror that the virus has come to carry for Americans familiar with movies such as *Outbreak* and the best-selling Richard Preston book *The Hot Zone*" (Achenbach, Dennis & Hogan, 2014). In response, the President did not minimize the threat posed to the American people and the world. Instead, he humanized the devastation abroad: "Hospitals, clinics and the few treatment centers that do exist have been completely overwhelmed. An already very weak public health system is near collapse in these countries. Patients are being turned away, and people are literally dying in the streets" (The Obama White House, 2014b, para. 7).



President Obama also reinforced Dr. Brantly's recovery after his safe and successful treatment at Emory University Hospital: "I had a chance to see Dr. Brantly in the Oval Office this morning...He looks strong and we are incredibly grateful to him and his family for the service that he has rendered to people who are a lot less lucky than all of us" (The Obama White House, 2014b, para. 6). Not only did President Obama offer verbal assurances to the American people, but he noted safe personal interaction with a recovering Ebola patient.

The White House's approach to promoting calm in the midst of a panic also applied to messaging aimed at continued and increased funding and support for preparation and vaccine research. Messaging focused on the potential for success in vaccine development and offered a positive distraction to the public and to the media. On December 2, 2014, President Obama spoke from the National Institutes of Health in Bethesda, Maryland in an update on the survival of provider infections in a U.S. hospital as well as the hard work to develop a vaccine:

So our strategy is beginning to show results. We're seeing some progress. But the fight is not even close to being over. As long as this disease continues to rage in West Africa, we could continue to see isolated cases here in America... So we cannot let down our guard, even for a minute. And we can't just fight this epidemic; we have to extinguish it (The Obama White House, 2014c, para. 16).

Again, during this speech, President Obama doubled down on his calming tone despite an escalation in events within the United States, including the infection of two health workers who treated Thomas Eric Duncan in Texas, the continued surge of the virus in

West Africa and a slew of infection scares. The President went on to state that “Much of the progress we’ve made—and the progress we still need to make—depends on funding that’s running out... This is an expensive enterprise” (The Obama White House, 2014c, para. 17). This calm, steadfast call to action was part of a White House strategy to brand the United States as a global leader in public health throughout the Ebola crisis as well as communicate a responsibility of the nation to lead the way in research.

**The U.S. as a global leader in public health.** President Barack Obama responded quickly to the Ebola crisis, offering his thoughts long before the disease reached the United States. His messages were intended to bolster efforts to care for the sick abroad and to spearhead scientific work to fight the disease. On February 11, 2015, the Office of the Press Secretary released a statement and fact sheet on progress in nation’s response to Ebola:

Today, approximately 10 months since the first U.S. personnel deployed to West Africa to fight Ebola, we mark important milestones in our response to the epidemic and chart the way ahead. In keeping with the President’s charge that we tackle Ebola as a national security priority, we built, coordinated and led an international response—involving thousands of personnel, both U.S. and international, civilian, and military—to fight the disease at its source. All the while, we enhanced our preparedness to encounter Ebola on our shores, establishing comprehensive measures to screen and detect the disease in travelers, while strengthening our capacity to diagnose, isolate and treat any patients safely (The Obama White House, 2015a, para. 1).

This statement to the American public thoroughly explained the response to date as well as the United States' goals for the future regarding Ebola. The statement also indicates, "This response showcased American leadership at its finest on the world stage, just as we came together as a nation to fortify our domestic resilience in the face of understandable apprehension" (The Obama White House, 2015a, para. 1). This message is not only one of accomplishment, but also one of purpose. The White House was careful to position the United States as the leader of the fight against Ebola with a greater sense of responsibility than simply protecting its own shores and citizens. This messaging reinforced the idea of America as a global leader in public health for the good of humanity.

Asking Americans for patience, support and vigilance were a foundation of establishing the nation as one which faced the Ebola challenge head-on. On the same day as the press release mentioned above, President Obama addressed the nation on America's leadership in the fight against Ebola:

I said that fighting this disease had to be more than a national security priority, but an example of American leadership. After all, whenever and wherever a disaster or a disease strikes, the world looks to us to lead. And because of extraordinary people like the ones standing behind me, and many who are in the audience, we have risen to the challenge (The Obama White House, 2015b, para. 2).

Through this messaging, the President carried the theme of the United States as a hero in the Ebola response. He also brought back a familiar tactic: the use of humanization and relatability. President Obama never made the providers or researchers battling Ebola seem mythical or far away. Instead, he thanked them profusely and publicly and created a

sense that the American people were not part of the group effort to combat Ebola. President Obama also made an effort to connect the general public to the medical professionals working to prevent an outbreak.

**RQ2: How has President Barack Obama framed the Zika virus threat domestically and internationally?**

RQ2 examines the messages of the Obama White House in response to Zika in much the same way as RQ1 reviewed those on Ebola. It is important to note at the outset of this question response, however, that the chronology of Zika's spread and threat to the United States mainland was much less linear than that of Ebola. If the Ebola epidemic may be looked at as an avalanche, Zika may be seen as a steady rising tide—a threat, certainly, but as much because of its ambiguity as the effects of the disease itself. As a result of this difference, two distinct themes emerged in the artifacts. First, it is apparent that the Administration used a lack of clarity about Zika to generate great motivation among members of the public to respond via prevention and research—though the results show that it is unclear whether this translated to government decision-making. Second, the old adage that “an ounce of prevention is worth a pound of cure” surfaced as a prominent theme in communication from the Obama White House on Zika.

Though the Zika virus was discovered in 1947, it was mid-fall 2015 before Brazil reported a possible link between microcephaly in newborns and the disease, and February 2016 by the time the World Health Organization (WHO) declared the virus an international public health emergency (Hirschler, 2016). By that time—when the White House began a response in earnest—states of emergency had already been declared in several central and south American locations and in Puerto Rico (Schumaker &

Almendraia, 2016). As part of his response effort, President Barack Obama was included in a Washington briefing between health and national security team leaders on January 26, 2016 on the topic of Zika and the expected threat it may pose to the United States (Schnirring, 2016). Following this briefing, the White House response was swift and direct: “the need to speed up research efforts to deliver diagnostic tests, vaccines, and drugs, as well as the importance of making sure Americans have the information they need to protect themselves from the virus” (Schnirring, 2016). As this quote reveals, the very first official White House response to the Zika virus was not simply informative, but instead focused on active response.

By the time President Obama had begun to request action and funding directed to the Zika virus threat from Congress, American citizens still knew very little about the disease. In an effort to update citizens at home on the steps America was taking to protect them from Zika and to inform them of the details of the disease, the White House published a Zika home page titled *The Zika Virus: What You Need to Know* (Pope, 2016). This web page provided several links to the CDC’s Zika homepage containing easily digestible material for citizens, a fact sheet that outlined the President’s Zika action plan, and updates on requests for funding from Congress to combat the disease.

Zika proved a complex and rapidly-accelerating problem for the United States. Beginning as a handful of isolated health events, American health officials suspected these infections might be tied to a mosquito-borne illness far from U.S. shores. This new disease quickly spread across the U.S. territories and to the beachfront states of the southeastern United States with a clear track record of tragic and dramatic consequences. Two themes surface as the White House communication response to Zika is examined.

First, the Obama administration admitted uncertainty as the Zika crisis developed. This uncertainty was used to garner support for funding and research to better understand and combat the disease. Second, White House messaging aimed directly at the American people (as opposed to journalists, the global community or those in health and government professions) was focused on prevention and actions that the public could take to protect themselves, their families and their communities.

**Lack of clarity led to great motivation.** The very uncertainty of Zika's true potential to cause harm, the questions around its morbidity and in particular the physical effects on newborns meant that in the view of the public—some action was always better than no action. On February 8, 2016, President Barack Obama included the Zika virus in a conversation with “CBS This Morning”:

The Good news is this is not like Ebola, people don't die of Zika—a lot of people get it and don't even know they have it... What we now know though is that there appears to be some significant risk for pregnant women or women who are thinking about getting pregnant. And so we are going to be putting up a legislative proposal to Congress to resource both the research on vaccines and diagnostics but also helping in terms of public health systems... But there shouldn't be panic on this. This is not something where people are going to die from it. It is something we have to take seriously (CBS News, 2016).

During this conversation, President Obama was careful to reassure the American public that neither he nor his administration expected Zika to be a profound public health tragedy but that it warranted close attention nonetheless. The lack of public panic

following this statement indicates that the President's admittance of uncertainty was a successful strategy with the public though it proved only marginally successful within government (the President secured an initial and ongoing financial commitment dedicated to the disease by redirecting funds utilized to combat Ebola) (Schumaker & Almendraia, 2016).

On May 20, 2016, as fears were heightened in advance of the 2016 Summer Olympics in Brazil and as more and more areas reported local transmission and confirmed cases, both President Barack Obama and a convincing pair made up of Tom Frieden (Director of the Centers for Disease Control and Prevention) and Anthony Fauci (Director of the National Institute of Allergy and Infectious Diseases) addressed the public on the Zika situation. Both of these addresses were made with the use of video. Both videos focused on a balance in messaging both on what was known about Zika at the time as well as what questions still remained.

During a video briefing, President Obama emphasized that Zika was primarily transmitted to humans from a particular type of mosquito and that it was clearly possible for Zika to cause serious defects in infants—confirming microcephaly's link to the virus and the possibility of further neurological deficits (The Obama White House, 2016b). The President noted that all cases to date in the United States appeared to be travel related, adding that there was a growing crisis in Puerto Rico in particular (The Obama White House, 2016b). Throughout the video, the President reemphasized uncertainty while also sharing the many ways experts were combating the disease—including a focus on prevention and mosquito control.

A second video on May 20, 2016 from Tom Frieden and Anthony Fauci reinforced the information shared during the White House briefing on Zika. Frieden made the point early in the video that “This is the first time in history we’ve had a situation where a single mosquito bite could result in an infection that creates a terrible fetal malformation that changes your life and the life of your family” (The Obama White House, 2016c). Frieden’s message once again drives home that the very uncertainty which remained at that point in time about the spread of Zika and its potential to wreak havoc on the lives of Americans and families beyond American shores was the reason why the United States needed to dedicate funding to research and the implementation of prevention planning. Though a focus on uncertainty may seem to be a complicated messaging goal, a focus on prevention proved to be a concrete and attainable one.

**An ounce of actual prevention really may be worth a pound of cure.**

Ultimately, between a lack of clinical clarity and failure of many common pesticides to kill or repel the *Aedes Aegypti* mosquito that spreads Zika, prevention proved to be the best course of action for citizens of the United States. The desirability of prevention-based measures was conveyed through a homepage created by the White House for the public to find information about Zika, how it spreads, and how to limit risk. The website focused almost entirely on explaining that the disease was not new—it was discovered nearly a generation ago—and that it could be contained. The page (Pope, 2016) answers a series of questions the public may have about Zika, including:

- What is the Zika virus?
- How is the President working with local leaders to combat Zika?
- How is Zika transmitted?



- Where are people contracting Zika?
- Who is at risk of being infected?
- Why are their specific recommendations for pregnant women?
- What can I do to prevent a Zika infection?
- Should we be concerned about Zika in the United States?
- What is the President doing to help combat and control the spread of the Zika virus?

Within the response to nearly every question/section, the White House homepage not only answered the question at hand but also provided some sort of suggested action. For example, in response to the question, “What can I do to prevent a Zika infection?” the page reminds visitors that there is still no vaccine to prevent Zika, then offers suggestions on how to prevent mosquito bites (Pope, 2016). In response to this question and several others, the page also provides a link to an external resource for further information and guidance. An example of these narrative statements and supporting links is: “You can get a more-in-depth explanation of prevention measures from the CDC here” with a link to a CDC page that details prevention (Pope, 2016). Though the webpage was a thorough and direct method of communication with the public about prevention, President Barack Obama needed to address the matter himself.

As the disease continued to progress, the President echoed the message of prevention in his updates to the public. In an August 27, 2016 address, President Obama condemned the lack of urgent action and funding allocations on the part of Congress in response to Zika while also explaining the intricacies and importance of prevention for citizens:

Still, there's a lot more everybody can and should do. And that begins with some basic facts. Zika spreads mainly through the bite of a certain mosquito. Most infected people don't show any symptoms. But the disease can cause brain defects and other serious problems when pregnant women become infected. Even if you're not pregnant, you can play a role in protecting future generations. Because Zika can be spread through unprotected sex, it's not just women who need to be careful—men do too. That includes using condoms properly. If you live in or travel to an area where Zika has been found, protect yourself against the mosquitos that carry this disease... (The Obama White House, 2016d).

The President continued, detailing additional actions the public may take to protect themselves, their families and their communities—as well as protection for the U.S. mainland when they return home from travel by continued use of insect repellent so that they do not infect mosquitoes within U.S. shores (The Obama White House, 2016d). The President's final request in the video is for all Americans to “make your voices heard”—another clear action with the potential for true impact in the fight to keep Zika from becoming a major public health issue on the United States mainland (The Obama White House, 2016d).

**RQ3: How has messaging from President Barack Obama and the White House regarding Zika compared to that on Ebola?**

Ebola presented the Obama White House with a large scale, frightening public health challenge. The scale of the outbreak in West Africa, the rapid rate at which information about the outbreak traveled to the public, and the confirmed transmission of

the virus on U.S. soil meant that a robust and rapid response was required of the White House and President Barack Obama. The transmission and mortality rates of Ebola resulted in fear and concern throughout America, a symptom that was reinforced by media coverage and non-stop updates on the virus' spread across Africa. A population on the verge of panic meant that there was a need to understand three things: the outbreak abroad, the risk to the American public, and how much information was required to communicate effectively about the crisis.

By the time Zika made American headlines two years later, the Obama White House faced a challenge similar to Ebola, but the new disease also carried additional burdens. The Zika threat required the administration to determine risk for American citizens and then choose a communication strategy that adequately explained that risk. Additionally, the Obama White House needed to secure support from a variety of audiences (the public, the government, and the health and science communities), and help people reduce their chances of infection as the virus spread. As the following analysis shows, the challenges presented by Zika were incredibly complex precisely because the Ebola outbreak had preceded the virus. Because of this precedence, it is imperative to examine the quantity and types of messaging utilized in addressing each disease, as well as the goals of those messages.

**RQ3(a): How did the amount and forms of messaging from President Barack Obama and the White House regarding Zika compare to those on Ebola?** As this thesis noted in the Method section and again at the start of the Results section, the chronology of Zika's progression was much different from that of Ebola. This difference—and perhaps the overall experience the Administration had dealing with

Ebola, as RQ3(b) and the Discussion explore—meant that messaging quantity and content varied by the time Zika was a prominent threat. An examination of the artifacts focused on these differences revealed two themes. First, while the sheer quantity of messages in response to Zika from the White House was greatly reduced from that on Ebola, there was a not a significant difference in quality. Secondly, the Obama White House utilized video messaging more heavily in response to Zika than to Ebola at the expense of the quantity and diversity of messaging during the height of the Ebola crisis.

The Ebola crisis intensified rapidly. In order to maintain calm and seek resolution, the White House reacted quickly and thoroughly. Zika's increased presence in the headlines and slow creep towards the U.S. mainland, combined with the fact that the public has found it generally less terrifying than Ebola, meant that the virus did not appear to command the initial full-force response of Ebola. This lackluster response was addressed in February 2016 when Annas, Galea and Thea wrote that, "The problem is that Zika is not Ebola, or anything like Ebola, and declaring Zika an emergency will simply stoke fear, and even panic, in a public that deserves to have public health decisions made on the basis of facts and science, rather than on politics and fear." Media criticism of the White House's response to Ebola began as the threat posed by Zika grew with increasing infection rates and geographic spread.

The 2016 Summer Olympics were held in Rio de Janeiro, Brazil—a Zika hotbed. It is difficult to imagine a situation where an infectious disease is more difficult to contain than one where tens of thousands of people (including over eleven thousand elite athletes from around the world) were to be packed into one city which had already experienced over 26,000 cases of Zika in 2016 (Settimi, 2016). The Olympics added a

need for health officials and governments to act urgently. The games also increased media criticism of the handling of the disease's spread. As the virus simultaneously threatened the millions of people involved in the Olympic events and crept toward the U.S. mainland, the Obama White House tailored its communication response accordingly. In this climate of heightened international pressure, the Obama White House needed to avoid mistakes wherever possible where Zika was concerned. It was at this time that the importance of experience gained through the Ebola events became most apparent, and the University of Michigan (2016) arrived at the conclusion that the events which occurred on U.S. soil as a result of the Ebola epidemic showed "overconfidence in the health care system's ability." The University (2016) also criticized the White House's appointment of an Ebola czar—Ron Klain—suggesting that there be, "some permanent coordinator. We shouldn't have a czar per disease." The writers went on to cite Greer and Singer's (2017) advice not to "make a political football" of Zika (University of Michigan, 2016). This advice proved difficult to follow for an administration on the brink of a national election.

As the 2016 Presidential election cycle progressed, the opportunity arose for candidates and political parties to take a stand on both the Obama White House's handling of public health crises and the way they (the candidates) may handle such events in the future. Research from the University of Michigan (2016) identified two major implications of the politicization of Zika: first, that it increased the opportunity for candidates to discuss immigration and terrorism and second, that biased media coverage likely contributed to both public reaction to Zika itself and to increased overall coverage of the disease.

These complexities and criticisms meant that developing and maintaining a Zika messaging strategy was more convoluted than in the case of Ebola. While some strategies remained the same—a White-House-run homepage, for example, dedicated to each disease and including resources for more information as well as updates on the United States’ role in addressing the threats—there were key differences between the two responses overall.

***Less is not necessarily more.*** A thorough examination of speeches, statements, and other forms of communication that were generated and disseminated by the Obama White House reveals that there was far less communication on Zika than on Ebola. A search on the Obama White House archived press page revealed twenty full pages of results on Ebola containing at least ninety-nine entries specific to Ebola, but only four on Zika—with twenty-two of those results focusing on Zika specifically (<https://obamawhitehouse.archives.gov>, 2016). Moreover, many of the returned results from the search page on Zika are links to exit statements and speeches where the President addressed a larger audience and did not speak exclusively about the Zika virus. This is a stark contrast to not only the sheer number of results related to Ebola, but also the fact that many of those results were either dedicated speeches or briefings which addressed Ebola specifically.

***Strengths and weaknesses of video use emerged.*** In both the Ebola and Zika crises, examination of video messages, website messages, speeches and briefings revealed continuity of messaging across platforms—meaning that videos reinforced print and verbal messages.

From the period where Ebola infection and death rates were rapidly increasing across West Africa to the moment health agencies declared cautious victory on the horizon with no new transmissions—the White House used video messages to update the American public regarding the disease. These messages included information on Ebola delivered during general video addresses, weekly addresses from the President and special messages. The videos used as part of the White House’s communication on Ebola existed parallel to a landslide of speeches, briefings and other communication across social media, the internet, and traditional media channels.

Through combining video and other forms of messaging on Ebola, the Obama White House reinforced its messages—particularly those focused on action. On November 3, 2014, the White House shared a video titled *Voices of Courage: Fighting Ebola at its Source*. This video stands out as an example of a multi-platform message and as a message that both reinforces other means of communication while also serving an independent purpose: to provide calm and clarity to the American people. In the video, President Barack Obama (2014) states:

We’ve got hundreds of Americans from across the country. Nurses, doctors, public health workers, soldiers, engineers, mechanics...who are putting themselves on the front lines of this fight. And when they come home, they deserve to be treated properly. They deserve to be treated like the heroes that they are (The Obama White House, 2014c).

One aspect of the Ebola crisis that was important for the Obama Administration to address was potential panic. It was, therefore, imperative that the President work to explain the importance of Americans answering the call to respond to Ebola abroad and

also to explain the measures in place to protect American citizens upon their return from West Africa. The November 3, 2014 YouTube video accomplishes all of this while reinforcing Holst's (2014) message on the Obama White House webpage entitled "Here's How You Can Help With the Effort to Stop the Spread of Ebola."

In contrast to coverage of Ebola, the White House's coverage of Zika and its threat to the United States primarily relied on video communication. These videos aimed at educating and empowering Americans as Zika became a public health priority: two videos from May 20, 2016 (one from President Barack Obama's briefing and one that was a conversational video featuring Tom Frieden and Anthony Fauci) and one video from August 26, 2016 (a weekly address video from the President focused solely on Zika). Along with a dedicated Zika homepage, these videos comprised the bulk of the Obama White House's messaging. Each video focused on eye contact with the viewer, clear speech and the offering of action items centered on protection and prevention.

An August 27, 2016 Weekly Address YouTube video published by the Obama White House titled *Taking Action Against the Zika Virus* was comprised of nearly five full minutes of President Barack Obama addressing the American people directly solely on the topic of Zika and what they—as individuals and as a collective—need to do to protect themselves (The Obama White House, 2016d). In comparison to the *Voices of Courage: Fighting Ebola at its Source* video, *Taking Action Against the Zika Virus* featured President Obama front and center, without music or interview cuts with other individuals, and is an example of how differently the Administration approached video messaging in the age of Zika as opposed to during the Ebola crisis. President Obama



began the video message with a story about a mother expecting her third child, and went on to note that he understood her fears as a father himself:

She was, in her words, extremely concerned about the Zika virus and what it might mean for other pregnant women like her. I understand that concern. As a father, Ashley's letter has stuck with me, and it's why we've been so focused on the threat of the Zika virus. So today, I just want to take a few minutes to let you know what we've been doing in response, and to talk about what more we can all do (The Obama White House, 2016d).

President Obama made Ashley relatable and conveyed his own personal connection to her concerns. When he went on to say that he was letting the public know what was happening in response to Zika, his choice of words spoke directly to Ashley and also to all Americans. While this humanization message and call to action was strong, the President also used the video to call out members of Congress for not acting aggressively to respond to the Zika threat:

Republicans in Congress did not share Ashley's extreme concern, nor that of other Americans expecting children. They said no. Instead, we were forced to use resources we need to keep fighting Ebola, cancer and other diseases. That's not a sustainable solution. Congress has been on a seven week recess without doing anything to protect Americans from the Zika virus (The Obama White House, 2016d).

After explaining that his Administration had done all it could despite the hurdles presented by Congress, President Obama outlined simple actions the public could take to

protect themselves. It is clear in this example, however, that Greer and Singer's (2017) concerns over making a "political football" out of Zika were not unfounded.

**RQ3(b): How has messaging from President Barack Obama been distributed between informative and actionable regarding Ebola and Zika?** This thesis found two primary themes in Obama White House communication as this question of informative versus actionable messaging was explored. First, in the case of both diseases the Administration opted to share as much information as possible with the public. This focus on information distribution was a hallmark of the Administration's management of public health issues. Second, in the absence of detailed information or specific answers requested by the media or the public, the Obama White House used action messaging as an appeasement. In this way, the Administration gave the public something to focus on that they were capable of doing as opposed to fueling panic over helplessness or lack of understanding.

At first glance, many of the messages from the White House regarding Ebola appear informative and reassuring, while many of those regarding Zika seem focused on preventative or supportive action. What was not immediately apparent during the course of this research was if discrepancy was due to the fundamental differences between the two viruses and the threats they posed or due to an evolution in messaging strategy. This idea of strategy evolution is further explored in RQ4.

***Where public health is concerned, there is no such thing as too much information.*** Because of Ebola's reputation as highly infectious, highly fatal, and gruesome, White House communication teams prioritized clarifying the nature,

symptoms, and transmission of Ebola. In addition, these teams offered information regarding the threat posed to the world, the nation, and individual American citizens.

Responding to Zika was challenging in a way that Ebola was not due to the questions that remained as to its clinical characteristics and varying methods of infection (mosquito transmittal, sexual transmission, etc.). Though the amount of information the Obama White House had to share on each of these diseases differed, their treatment was the same: lay out answers to frequently asked questions early and update those answers as new information is available, share what the administration knew and when they knew it and provide access to shared resources should Americans want more information or want to do more to protect themselves or others. The Obama White House was thorough in its response to both Ebola and Zika from an information-sharing perspective.

*Action as distraction.* Ebola was not an enigma—scientists and health professionals understood how it spread and the details of its morbidity decades before it became a national priority in the United States during the massive outbreak of 2014-2015. Still, the best medicine for the disease was prevention. The largest challenge posed from a communication perspective during the outbreak at hand was that it was no longer as straightforward for the average American citizen to simply avoid contact with Ebola in its reservoirs in Africa or in an infected patient—Americans now needed to understand how to protect themselves during travel, in public places and even in trusted health care settings within the United States. Nearly one year into the timeline of the Zika crisis, there was still relatively little known about its health risks and connection to devastating effects seen in infants born to Zika-infected mothers (such as microcephaly). In the face of this frustrating lack of additional or more thorough information to share with the

public, the White House focused its energy on working with other agencies—such as the CDC—to develop and share preventative measures any citizen may implement.

One way the White House sought to foster creative resolution of the Ebola scare was through innovative messaging. Among the White House’s Ebola communication that focused on safety and prevention was a page developed by Lindsay Holst (2014) titled, “Here’s How You Can Help With the Effort to Stop the Spread of Ebola.” Holst’s (2014) page promoted the American public pitching in through a variety of possible actions to do their part in the fight against Ebola: “There’s something each of us can do right now to help stop the global spread of Ebola -- whether by volunteering, sharing a good idea, or making a monetary or other contribution.” The page included suggestions for how “regular Americans” may get involved included signing up to be a medical volunteer, sharing an idea for how to help combat the global spread of Ebola and learning about other ways to contribute—including monetary gifts to organizations on the front lines (Holst, 2014). Holst’s use of the descriptor “regular Americans” is its own message in this communication: the Obama White House was reaching out not just to the educated, skilled, or elite—but truly attempted to create a collective solution. Each option on the page included additional links where visitors to the site may find more detailed information on a particular path to involvement. This type of communication not only provided suggestions as to how an individual American citizen may protect themselves, but also gave the public an opportunity to feel they were united in a battle against a common enemy alongside their President and the many people and organizations working to respond to the outbreak. This messaging strategy depended upon the solid working knowledge the Obama White House had of the disease and the responses

underway. This working knowledge did not prove as strong an asset when it came to Zika two years later.

**RQ4: Did President Barack Obama alter his message regarding Zika in response to criticism received on his Ebola communication?**

The challenge for any President in a time of crisis is to take both criticism and experience into account and then arrive at an adequate, often innovative response. As the Obama White House's communication responses to both Ebola and Zika are examined, it is expected that messaging may be altered regarding the latter with the former square in hindsight. In this case, hindsight exists in the form of public criticisms pushed forward by the media.

During an episode of NPR's *All Things Considered*, host Kelly McEvers (2016) spoke with former White House Ebola Czar Ronald Klain about the United States' response to the Zika virus in light of its experiences with Ebola. At the start of the interview, Klain (2016) read aloud from an op-ed he wrote:

It is not a question of whether babies will be born in the United States with Zika-related microcephaly. It is a question of when and how many. For years to come, these children will be a visible human reminder of the cost of the absurd wrangling in Washington, of preventable suffering and of a failure of our political system to respond to the threat that infectious diseases pose (McEvers, 2016).

Klain's criticism of Congress and its failure to act swiftly or adequately in response to Zika conveys that no lessons regarding disease response were learned following the

Ebola outbreak. President Barack Obama appeared late summer 2016 to share the same sentiment.

On September 20, 2016, President Barack Obama addressed the 71st Session of the United Nations General Assembly and spoke of his own perspective gained between the Ebola and Zika threats:

We can't combat a disease like Zika that recognizes no borders—mosquitoes don't respect walls—unless we make permanent the same urgency that we brought to bear against Ebola -- by strengthening our own systems of public health, by investing in cures and rolling back the root causes of disease, and helping poorer countries develop a public health infrastructure” (The Obama White House, 2016a, para. 50).

This statement from the President suggests that there were broad lessons to be learned from Ebola—from messaging, to logistics, to the creation of systems of protection. The President's assertions about the need for a strategy in combatting infectious disease as well as his own admission of a need to strengthen public health structures within United States borders also appear as a response to general media criticisms on a lack of preparedness.

Arguing for increased preparedness overall, a stronger response to Zika and more funding from the United States government, Gottlieb (2016, para. 2) wrote of the lessons seemingly unlearned from Ebola:

The fear of a world-wide explosion in Zika infections carried by Olympic attendees who return from Brazil with the virus has all the makings of a Hollywood disaster movie. The 2014 Ebola pandemic stemming from an

outbreak in West Africa showed how unprepared the world was for biological threats. The swift spread of the Zika virus...underscores how exposed we remain.

Though Gottlieb's words played to some of the more dramatic notions and scenarios regarding infectious diseases, they did present a valid argument that the United States was vulnerable to health threats, both prior to Ebola and despite the Zika crisis. Gottlieb's article is an example of the kind of media criticism (alongside perspectives such as those of Klain) the Obama White House faced as it struggled both to understand and respond to the growing Zika problem.

Ultimately, the Obama White House's messaging on Zika did, over time, reflect the considerations of its criticisms related to Ebola. In November 2016, Amy Pope (Deputy Assistant to President Obama for Homeland Security) and Heather Anne Higginbottom (Obama Administration Deputy Secretary of State for Management and Resources) released a message on the power of partnerships, where collaborations with faith organizations were highlighted as successful across many challenges—including Zika (Pope and Higginbottom, 2016). President Barack Obama referenced the government's success in combatting Zika during several addresses. These speeches were made to both organizations (such as the United Nations) and to the public and noted that the experience of fighting Ebola offered even great learning opportunities. The messaging throughout the second half of 2016 on the topic of Zika reflected a wisdom gained from both the Ebola experience and criticisms that occurred both during that period and the ensuing Zika epidemic.

## Discussion

There is a common understanding in the health and science communities that there is no question of if we will encounter a next deadly infectious disease pandemic, but when. Leaders in policy, health care, research and government must be prepared to meet these threats head-on, and must understand historical wins and losses in order to do so. Carlin (2013) began his podcast series *The American Peril* by mentioning a statement shared by Rahm Emmanuel—Chicago Mayor and former Chief of Staff to President Barack Obama: “Never let a good crisis go to waste.” Carlin (2013) went on to explain why Emmanuel was expectedly—in Carlin’s words—crucified by some media for the statement, and to base the rest of *The American Peril* on the ways that crises present leaders with unique opportunities not only to solve a problem at hand, but also prepare to solve those of the future.

Ebola and Zika are both major crises that the Obama White House was forced to contend and learn from. This thesis has sought to identify the communication strategies used by the White House in response to the Ebola and Zika epidemics through a qualitative content analysis of communication artifacts generated between 2014 and 2016. The thesis also sought to determine how lessons learned during the first crisis (Ebola) may generate relevant findings and questions useful for communication practitioners and leaders who will inevitably find themselves faced with similar tests in the future.

Sustained response and preparedness are important goals for the future. Gottlieb (2016, para. 12) noted the failure to produce a sustained response or to implement a solid system of preparedness in his criticism of Zika response against the Ebola experience:



The Gates Foundation's effort to stamp out malaria, and even the WHO's successful role in eradicating smallpox, show that a galvanized world can make dramatic gains in fighting diseases. But such fortitude is the exception. Instead, the lesson of SARS, avian flu, swine flu and Ebola is that political resolve and funding flourish after a threat has exploded—and shrivel once the immediate danger abates.

Gottlieb's notion of fortitude applies across all aspects of health crisis response—especially communication. It is the job of communicators to ensure that all stakeholders in a crisis are aware of how they are and may be affected and how they must respond to protect themselves, their families and their communities. For example, if millions of dollars are funneled into vaccine development, but the public does not know how important that vaccine is—then those millions are potentially wasted in the very “flourish” of which Gottlieb warns us. If there is no successful vaccine developed in response to a threatening infectious disease, it is imperative that the public understand infection control measures, symptoms and where to find help. When a disease threatens the United States, these responsibilities fall on the White House and its communication team in collaboration with advisors and health agencies such as the Centers for Disease Control and Prevention (CDC). Inter-agency collaboration is something that this research shows the Obama White House did well.

Early on in both the Ebola and Zika crises, the White House was quick to reference collaboration with the CDC and other agencies, and also to include their leadership and direct recommendations in statements, briefings, videos and online material. Two excellent examples of this were the May 2016 video featuring CDC

Director Dr. Tom Frieden and NIAID Director Dr. Anthony Fauci and the dedicated home pages created for both Ebola and Zika in collaboration with outside agencies and housed on the White House site. In the video—“*We have a narrow window of opportunity*” *Tom Frieden & Anthony Fauci on Zika*—two leaders of U.S. public health agencies stood together on the grounds of the White House and noted that they had just met with President Obama and reinforced his messages of the need for action (The Obama White House, 2016c). On the pages titled “The Administration’s Response to Ebola” (2017) and “The Zika Virus: What You Need to Know,” (Pope, 2016) the Obama White House laid out a comprehensive guide for the public that encompassed details about each disease, its response and links to resources from the CDC and other The Administration’s Response to Ebola s. These strategies of giving other agencies (such as the CDC and the NIAID) a face and of encouraging access to their resources by the American public humanized solutions and the work being done to combat the threat posed by each disease.

### **Study Limitations**

My personal interest and background in health communication may be seen as both a strength and a bias of this research. Because of my familiarity with health terminology and with domestic and global health agencies in general, I approached this research with insights into public health communication and a working knowledge of some medical terminology that a researcher from another field entirely may have lacked. While this is a strength at first glance, the question arises whether one less familiar with these areas might gain additional insights or develop fresh research questions during the familiarization process.

Additionally, because of the subjective nature of qualitative analysis, this study has certain innate limitations. Though every effort was made to examine examples of every type of artifact relevant to this study's research questions—including videos, press releases, audio statements, media coverage, web pages, and print information—not every type was represented equally. As a qualitative content analysis, this research does not reflect the results or perceptions of specific communication strategies deployed by the White House or utilized directly by President Barack Obama. Throughout the thesis process, these questions arose and are certainly valid questions to explore in the future, or for the reader to explore independently.

### **Implications for Future Research**

As noted above in my comments on the limitations of this research, many questions arose during the development of this paper regarding perception of communication strategies by the public. Future research via focus groups may be particularly revealing of those perceptions, and may yield significant insights into the success of the Obama White House's Ebola and Zika communication strategies. A focus group research project aimed at determining whether video, spoken, or written communication were most effective in empowering the public to action may be of great interest looking forward. For example, the White House's reliance on video raises an important question for future consideration: Is video the best way to reach the American people during a crisis? While videos may be shared by media outlets across the nation and globe, it is not a guarantee that the majority of any given audience has access to that video.

While streamlined communication such as video is important to the public during a crisis because it is both informative and ideally offers clear suggestions for how Americans might protect themselves from or cope with the dangers posed by any public health threat, leaders must weigh those rewards with the risk of appearing not to adequately address a crisis. Media criticisms likely contribute to both public perceptions and internal criticisms within an administration or organization, so communication practitioners must be careful to anticipate these criticisms through strong strategies and messaging.

From the review of literature to the results, this thesis revealed a gap in existing academic response to the handling of the Ebola and Zika crises from the communication field. Researchers from fields such as public health, political science, economics, infectious disease, and sociology have made attempts to assess the lessons of these two epidemics and address preparedness for the future. As Tam, Khan and Legido-Quigley (2016) found based on their research on migrant workers and infectious diseases, “Better intersectoral coordination can ensure that evidence-based recommendations are adhered to in a manner that protects the public health and respects the rights and cultural sensitivities of this vulnerable population” (p. 1375). The authors make an important social and economic point here: that often the people worst affected by epidemics are those with reduced access to care and information. This type of challenge is one of many presented by epidemics that are new to the United States if not to the developing world.

Zika showed us that managing an epidemic’s effect on a large event (the Summer Olympics in Rio in 2016) further complicates messaging strategy and overall logistics. Zumla et al. (2016) stated that “Mass gathering events are theoretically ideal situations

for the spread of infections between people from very different and widespread geographical localities, with potentially different immune responses” (p. 1). The authors’ research, however, recommended that the Summer 2016 Olympics not be canceled on the basis of successful handling of this kind of event in the past. These two perspectives are evidence of the strength in interdisciplinary research in preparing for the next infectious disease threat to the United States. The need for this collaborative research and work is just as profound where politics and policy enter the picture.

In a comparison of how the International Health Regulations were applied in the situations of H1N1 and Ebola, Ottersen, Hoffman and Groux (2016) identified “many political barriers to global collective action and implementation of lessons” (p. 357). Ottersen et al.’s perspective is commentary from a legal and scientific standpoint, but touches on the very core of what this thesis sought to explore with communication theory and practice in mind. Dolgin (2016) examined the challenges that partisan politics presented during the Obama Administration’s response to the Zika virus in the wake of Ebola, and found that while “the congressional response to Ebola reflected a coalescence of concern that displaced partisan politics,” the response to Zika later on “reflected broad ideological disagreements and a delay that could have proved, and may still prove, harmful to the health of the population” (p. 1-2). Dolgin’s work expands on Ottersen’s statement to political barriers, and highlights a need for a bridge between these and other fields as we collectively prepare for the next health crisis.

### **Concluding Thoughts**

This thesis suggests that the bridge necessary as multiple disciplines prepare for future epidemics is communication. The foundations of public health infrastructure, inter-

agency logistics and the relationship between the public and government are connected through effective communication strategies. These strategies are most important during a time of crisis. As Ebola and Zika have taught us, the United States government has a great deal of room for improvement in the development and execution of messaging in response to infectious disease threats. It is imperative that leaders in U.S. politics, health and communication studies work to understand the strategies necessary to successfully respond to the epidemics of tomorrow.

## Appendix A

### Coding Sheet – RQ1

**RQ1: How has President Barack Obama framed the Ebola virus threat domestically and internationally?**

<b>Themes Emerging from Analysis:</b>	<b>Homepages</b>		<b>Video Messages</b>		<b>Press Releases</b>		<b>Speech Transcriptions</b>	
	<b>Content Form</b>	<b>Message Interpretation</b>	<b>Content Form</b>	<b>Message Interpretation</b>	<b>Content Form</b>	<b>Message Interpretation</b>	<b>Content Form</b>	<b>Message Interpretation</b>
<b>A portrayal of calm in the storm</b>	Frequently Asked Questions	An easy-to-read resource for the public, media and even health professionals meant constant access to seemingly thorough information	Interactions with survivors	Delegitimized stigma and communicated a sense of there being a light at the end of the tunnel in the epidemic overall	Updates on successes rather than challenges	Gave the public, media and health professionals positive gains to hold onto, rather than negatives or frightening challenges to focus on that may insight panic	Sharing large amounts of information	Sent a message of transparency
	Indication of ways Ebola is and is not transmitted	Empowering and reassuring in the public's eyes—they were unlikely to contract the disease in general interaction	Assurances about where funds were being directed and why additional resources were needed	Seemed to convey a sense of control over response and that the government was doing all it could			Funding updates and requests	Sent a message to the public that the White House was doing all it could to encourage Congress to act swiftly and effectively in

		ons with other people						response to the disease threat
	Infection control guidelines	Made clear to the public that health professionals and centers were being provided with important infection control information					Reiteration of strategy	Reassured audiences that the White House a) had a clear strategy at each juncture and b) intended to stick to it
<b>The U.S. as a Global Leader in Public Health</b>	Shared information about the U.S. role abroad and in scientific work	Potential to make the public feel as if the U.S. was invested in what was happening abroad in order to protect the homeland	Requests for patience and support from citizens	The President asking for patience and support sent a message of him as a human and a fellow American, rather than a politician with no eye on everyday concerns	Fact Sheets	Mass-released fact sheets communicated that the U.S. had a firm grasp of what the risks were and what could be done to reduce them	Indication of the U.S. leading the scientific global response to the disease threat	While some countries and organizations focused on treatment and control, the U.S. communicated an intent to get out ahead of the spread of the disease and combat future threats; reinforced prioritization of the scientific community
	Goals for the future	Gave audiences	American sense of	Potential to inspire a sense of	Marking of milestones	Positive reinforcement for	Vaccine efforts	Reinforced value in the fields



		something to look forward to, rather than being bogged down in the challenges of the present; presented a vision for the U.S. as a leader in public health on a global stage	responsibility	investment and responsibility in all Americans, not just those on the front lines or in health fields; contributed to American sense of a need to address a problem abroad to prevent problems at home	ness	the support and patience the President was asking for from the American people		of science and research, and reiterated a desire for prevention of future similar epidemics or pandemics
			The U.S. as a hero	Provided audiences and particularly the American people with a sense of the U.S. saving the day	Explanation of the response to date	Communicated transparency and strategic focus	Connection of the general public to medical professionals	Potential to deconstruct the disconnect between the public and medical professionals through allowing them to seem like friends or family; humanization

## Appendix B

### Coding Sheet – RQ2

**RQ2: How has President Barack Obama framed the Zika virus threat domestically and internationally?**

Themes Emerging from Analysis:	Homepages		Video Messages		Press Releases		Speech Transcriptions	
	Content Form	Message Interpretation	Content Form	Message Interpretation	Content Form	Message Interpretation	Content Form	Message Interpretation
<b>Lack of clarity led to great motivation</b>	Frequently Asked Questions	Many answers acknowledged what was unknown, but gave information on what to do anyway	Communication of what the U.S. did and did not know	Reassurance while challenging audiences to understand the many obstacles ahead and be prepared to act	Swift though limited response	Conveyed that the most important message in the beginning from the White House to audiences was that they were acting	Shared that funding requests had been made	Additional reinforcement that action was occurring and of the need for funding research and prevention
	Links to additional resources and information	Encouraged audiences to go beyond the minimum information level and empower themselves through education about Zika	Distinct from a profound public health tragedy	Potential to remove the most frightening facts and questions and replace them with a desire for action instead				
			Focus on the potent-	Humanization				

			ial impact on lives and families					
<b>An ounce of actual prevention really may be worth a pound of cure</b>	Focus on spread and preventi on	Sent the message that while there was much that remained unknown, we did know how to prevent the spread of the disease	Focus on action	Empower ment of the public to take actions on their own to protect themselves and their families and communit ies	Refer to partner organizat ions (such as the CDC)	Commun ica-tion of additiona l resources working on behalf of the America n people and citizens globally	Conde mn- ation of the lack of urgent action on the part of Congre ss	Potential to urge audiences to pressure their representat ives; again empowerin g individual citizens and communiti es
			Request for the public to “make your voices heard”	Humaniza tion: an ask by the President of the public to contribute to voices of reason and the requests sent to Congress for funding to support further action	Detail requests and actions to date	Let audience s know what has been done, what has been asked for, and where we stood on progress		

## Appendix C

### Coding Sheet – RQ3, RQ3(a) & RQ3(b)

**RQ3: How has messaging from President Barack Obama and the White House regarding Zika compared to that on Ebola?**

**RQ3(a): How did the amount and forms of messaging from President Barack Obama and the White House regarding Zika compare to those on Ebola?**

**RQ3(b): How has messaging from President Barack Obama been distributed between informative and actionable regarding Ebola and Zika?**

Themes Emerging from Analysis:	Homepages		Video Messages		Press Releases		Speech Transcriptions	
	Content Form	Message Interpretation	Content Form	Message Interpretation	Content Form	Message Interpretation	Content Form	Message Interpretation
<b>Less is not necessarily more</b>	Similar in structure and types of content	Though the threat posed by the diseases was different, similarly structured homepages communicated a sense of overall strategy that was the same	Heavier use of update and instructional videos focused on Zika than on Ebola	Though a one-on-one style video of the President addressing the public directly is appealing, it leaves no reinforcement messaging for those who may prefer to read the same messages and/or process information better that way	Decreased quantity between Ebola and Zika	There was an overall decrease in Zika coverage in general, and a lack of dedicated press releases may have left question marks in public concern and in that from the media	Decreased quantity of Zika-focused speeches from those focused on Ebola	While during the Ebola crisis, the President often focused entire speeches and appearances on just Ebola—in the case of Zika we saw integration of Zika updates and concerns with other state and global business

	Fewer returned results of Zika content than Ebola in a search on live and archive White House pages	Zika was, in general, covered less than Ebola; raised questions of lessons learned						
<b>Strengths and weaknesses of video use emerged</b>	Equal distribution of video quantity between Ebola and Zika homepages	A similar number of videos meant a thorough video messaging treatment, though actual messages may have differed greatly	In the case of both diseases, videos reinforced print and verbal messages	Important to reinforce all message types, especially when the message itself was of important updates or preventative measures	Video reinforced information shared in press releases in the case of Ebola	There was through reinforcement of press release information via video message during the Ebola epidemic, contributing to increased likelihood that the public would receive the message and process it	Speeches were often dedicated solely to Ebola and featured information unique from video messages	Though audiences may have often been similar for speeches and separate video addresses, the White House differentiated in the types of messages split between these two content forms in the case of Ebola
					Video often conveyed standalone information not present in press releases in the case of Zika	Reiteration of important information across multiple content forms was less common during the Zika crisis, allowing	Speeches on Zika were often integrated into other talks and referenced information already shared or	A lack of special attention on Zika may have increased the possibility of a public or media sense of inadequa

						for a higher possibility of missed messages	action already requested via video messages	the action
<b>Where public health is concerned, there is no such thing as too much information</b>	In the case of both diseases, a significant quantity of information was shared on the homepages	Extra thorough homepages gave multiple audiences a home base for learning about the disease threats, what was being done, and what they could do	Information shared was informative and reassuring	Reassurance and humanization were key components of video messaging in both epidemics, contributing to a potential sense of calm within general public audiences	Updates were issued and reinforced by press release when new information was available	An effective use of press releases was to broadly disseminate updates to multiple audiences	Speeches on Ebola centered on large scale response and global responsibility	In the case of Ebola, the devastation and threat posed were both incredibly broad, boasting the potential to affect not only America but also every corner of the globe should the disease go unchecked
							Speeches on Zika centered on quelling panic and defining the potential for harm	Though the risk from Zika to the general public was somewhat minimal, mention in speeches often minimized that risk further

<b>Action as distracti on</b>	Information focused more on action and prevention than on “what happens if...”	Potential to effectively quell public panic and media hyperattention with a clear and robust focus on legitimate preventative action possible at every level (community, health community, individual, etc.)	Information shared was focused on preventative or supportive action	Videos acknowledged public fears but reinforced that we did know how to prevent the spread of the disease, and we knew a good deal about actions individuals could take even after infection or suspected infection	Conveyed action and barriers to action on the part of the U.S. government and partner health agencies	A continued focus on action (even where thwarted) meant that audiences were able to focus on filtering through information as it pertained to progress and where they may be able to get involved (if at all)	Conveyed both frustrations with Congress and red tape, and calls for action	Speeches by the President focused heavily on his frustrations with resource red tape, sending possibly mixed messages to multiple audiences
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## Appendix D

### Coding Sheet – RQ4

**RQ4: Did President Barack Obama alter his message regarding Zika in response to criticism received on his Ebola communication?**

Homepages		Video Messages		Press Releases		Speech Transcriptions	
Content Form	Message Interpretation	Content Form	Message Interpretation	Content Form	Message Interpretation	Content Form	Message Interpretation
Little change in substance and structure between Ebola and Zika	Conveyed consistency in how staff and leaders were handling both crises	Assistance in development of global health infrastructure	The President made the fight against both diseases about more than those individual threats	Power of partnerships	Communicated to audiences that there is great value in domestic (inter-agency) and international collaboration during public health crises	Echo of perspective gained on the part of the President	The President himself communicated that lessons were learned through the two experiences, though was unclear whether any were learned or applied specifically to Zika based on Ebola
		Emphasis on strengthening U.S. public health systems	U.S. health systems showed some weaknesses in care and communication during Ebola that needed to be addressed			References to U.S. government successes in the fight against both diseases	Though room for improvement was noted, the overall response of the White House and government overall to both diseases was positive and relatively effective



						Argument for increased preparedne ss overall	Perhaps the biggest takeaway was a need for significantly increased preparedness
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### **EDUCATION:**

- M.A., Johns Hopkins University (2017), Communication. Emphasis on health and non-profit communication.
- B.A., The University of North Carolina at Chapel Hill (2007), Communication Studies. Emphasis on interpersonal and organizational communication. Minor in English Literature.

### **EMPLOYMENT:**

- **Development Consultant and Business Support Specialist**, Worldwide101, August 2013 –Present
- **Social Media Manager**, Social Progress Imperative, May 2016 – Present
- **Development and Strategy Coordinator**, the William Averette Anderson Fund for Hazard and Disaster Mitigation, Education and Research, August 2015 – Present
- **Brand Strategist**, Writer, Editor, Pressed Branding, September 2014 – August 2015
- **Strategist**, Maslo Media, July 2014 – June 2015
- **Philanthropic Strategist, Coordinator**, Aereo, Inc., January 2013 – June 2014
- **Annual Giving Coordinator**, The Medical Foundation of North Carolina, Inc., February 2010 – January 2013
- **Marketing & Business Manager**, UNC Chapel Hill School of Nursing Center for Lifelong Learning, November 2007 – February 2010

### **COMPETENCIES:**

- Academic and health communication and development
- Fundraising (events, major gifts, grants and annual giving)
- Budget development and management
- Social media strategy and implementation
- Strategic planning

**PROFESSIONAL & RESEARCH INTERESTES:**

- Hospital/health system, public health and crisis communication
- Government and inter-agency communication
- Policy development
- The power of messaging and strategy to effect change and to support advances in public health and medicine